

PATENT

ATTORNEY DOCKET NO:

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PHOTOELECTRIC SWITCH, the specification of which

X is attached hereto.
— was filed on _____ as Application Serial No. _____
— and was amended on _____
— was described and claimed in PCT International Application No. _____
— filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking below, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

P.2001-073338	Japan	15/03/2001	X	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Application Number)	(Country)	(Filing Date)	(Priority Claimed)	(Priority Not Claimed)

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

_____	_____
_____	_____
_____	_____
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Application Number)	(Filing Date)	(Status)

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Randolph A. Smith, Reg. No. 32,548.

Address all telephone calls to Randolph A. Smith at telephone number 202-530-5900.

Address all correspondence to Randolph A. Smith, Smith Patent Office, 1901 Pennsylvania Ave., N.W., Suite 200, Washington, D.C. 20006 (Fax: 202-530-5902)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Kazutoshi SUGIYAMA

Inventor's Signature: Kazutoshi Sugiyama Date: January 10, 2002

Residence Address: Osaka, Japan

Citizen of: Japan

Post Office Address: c/o Keyence Corporation, 3-14, Higashinakajima 1-chome,
Higashiyodogawa-ku, Osaka-shi, Osaka 533-8555 Japan

Full Name of Inventor: _____

Inventor's Signature: _____ Date: _____

Residence Address: _____

Citizen of: _____

Post Office Address: _____